Statement of

Linda Gibbs
Co-Chair of Mayor Bloomberg's World Trade Center Health Panel and
New York City Deputy Mayor for Health and Human Services

9/11 Health Effects: Federal Monitoring and Treatment of Residents and Responders

February 28, 2007

Before the
Committee on Oversight and Government Reform
Subcommittee on Government Management, Organization, and Procurement
U.S. House of Representatives

Thank you Chairman Towns, Ranking Member Bilbray, Congresswoman Maloney, and members of the Subcommittee on Government Management, Organization, and Procurement for convening this hearing and for inviting me and Deputy Mayor Ed Skyler to testify. We are accompanied here today by Dr. Joan Reibman of Bellevue, Dr. David Prezant of the Fire Department of New York and Dr. Eli Kleinman of the Police Department. I would like to ask that their testimony be included in the record. They are available to answer any questions you might have. I also want to applaud you and other members of the New York Delegation, as well as our allies throughout the U.S. Congress, who have worked tirelessly to secure Federal resources and recognition for those who have suffered ill health because of their exposure to the September 11 attacks and their aftermath. Your efforts have yielded vital support for tens of thousands of individuals and their families. As I will outline in my testimony, it is crucial that these efforts continue until we secure an expanded, sustained Federal commitment to addressing one of the painful legacies of this attack on America.

I am here today as the Co-Chair with Ed Skyler of a Panel Mayor Bloomberg convened in September 2006—the fifth year anniversary of the 9/11 attacks—to examine the health effects of 9/11 and assess the sufficiency of resources devoted to WTC-related health needs. The Mayor asked the panel, which was comprised of 14 City agencies, to explore what we know about the health impacts of 9/11, and to develop recommendations to ensure that affected individuals can get the first-rate care they deserve for their current and emerging health care needs.

Over the course of five months, the Panel immersed itself in these issues. We reviewed the science; surveyed every City agency; conducted 60 interviews of area residents, medical experts, union representatives, local businesses, day laborers, policymakers, and 9/11 health program administrators; and met regularly to consider a wide range of medical and policy questions. The result of these efforts was the most exhaustive examination of the health impacts of 9/11 to date, laid out in an 83-page report that includes 15 recommendations to expand and ensure the long-term sufficiency of

resources to address 9/11's health effects. The Mayor accepted the recommendations in their entirety.

I am appearing before you today with my fellow Deputy Mayor Ed Skyler to begin in earnest the Mayor's charge to us to implement these recommendations as quickly as possible. My testimony today will summarize the highlights of our inquiry, and I will submit a copy of the full report for the hearing record.

Panel Findings

Over the past five years, medical researchers and clinicians have reported in peer-reviewed studies and from their own treatment experiences that thousands of people endured physical and mental health conditions that were caused or exacerbated by 9/11 exposure. While many have recovered, others continue to suffer from a range of ailments. The most common are respiratory illnesses, such as asthma, and mental health conditions such as Post-Traumatic Stress Disorder (PTSD), anxiety, and depression. We do not yet know the extent to which these conditions will remain or can be successfully resolved with treatment.

We also do not yet know whether late-emerging and potentially fatal conditions, such as cancer and pulmonary fibrosis, will arise in the future, but the specter of these feared illnesses is raised time and again in discussions with responders and residents alike. We know that we must build the capacity to respond to any conditions that may reveal themselves in the future.

We also know that the health issues associated with 9/11 affect not only New Yorkers, but tens of thousands of volunteers and workers from across the nation—including every state represented on this subcommittee—who responded to the call for help and participated in an unprecedented rescue, recovery, and clean-up effort that followed the terrorist attacks. These rescue and recovery workers—including firefighters, police, volunteers from all 50 states, and contractors—are those most likely to experience ill

health related to 9/11 exposure. For example, more than 2,000 of the Fire Department's 14,000 first responders—15%—have sought treatment for respiratory conditions since September 11, and more than twice that many have sought mental health care. Among a sample of 9,400 rescue and recovery workers examined at a WTC health program coordinated by Mount Sinai Medical Center between 2002 and 2004, 32% self-reported lower respiratory symptoms and 50% reported upper-respiratory symptoms near the time of their initial medical evaluation.

But adverse health effects are not confined to our first responders. Area residents, school children, commercial workers and others also reported a variety of illnesses in the aftermath of 9/11, including acute breathing problems, worsening of asthma, nausea, headaches, and stress-related illness and anxiety. Data from the New York City Department of Health's World Trade Center Health Registry, the largest public health surveillance effort of its kind, has been documenting the physical and mental health conditions reported by 70,000 residents, responders, commercial workers and others in the vicinity of the World Trade Center site on and after 9/11. Within weeks of closing enrollment into the Registry, its data showed that two-thirds (66%) of adult enrollees reported new or worsened sinus or nasal problems after their exposure on 9/11. Enrollees also reported higher levels of psychological distress than the citywide average between two and three years after 9/11. More detailed data from the Registry is now being published that document the persistence of high rates of PTSD reported by residents, workers, and tower evacuees.

Support for 9/11-related Conditions

Fortunately, help is available for many of those in need. Among the dozens of health and mental health programs that developed over the years since the attack, three have emerged as centers of excellence in diagnosing and treating WTC-related health conditions:

1. The New York City Fire Department's program, which provides free monitoring and treatment of firefighters and EMS workers who responded on 9/11 and took part in rescue and recovery;

2. A free monitoring and treatment program for other first responders, workers, and volunteers coordinated by Mt. Sinai Medical Center, which has affiliated centers across the nation for responders who live in other parts of the country; and
3. The WTC Environmental Health Center at Bellevue Hospital, a City-funded program that is open to anyone with possible 9/11-related symptoms.

These programs have provided a virtual lifeline to thousands of individuals, from across the nation.

Equally important, the data generated by these programs and research efforts by the Registry and the New York City Police Department have led to important scientific studies examining 9/11's physical and mental health effects. They have also informed the development of clinical guidelines for diagnosing and treating 9/11-related health problems, which is important for ensuring a consistent standard of care for those who seek treatment for their own health care providers, outside of the centers of excellence. Each of these programs has been critical to confronting the array of 9/11 health challenges we face.

That is the good news. But the panel found that these efforts and the critical research they generate are in serious jeopardy.

Each of these programs faces a bleak future unless we secure ongoing federal funding. The FDNY and Mount Sinai programs have provided world class care to our first responders, but from the outset they have had to patch together City funding and one-time philanthropic and Federal grants to stay afloat. Though the 9/11 health problems they treat have persisted, these programs, and the World Trade Center Health Registry, have never had a dedicated, dependable source of funding to ensure their future. Even with President Bush's recent pledge of $25 million, both clinical programs are expected to run out of funds before the end of the year.

And the Federal government has provided no support for Bellevue—the only program available to the thousands of residents, school students, Chinatown businesses, and commercial workers who may have 9/11-related conditions. The City and a small amount of private funding support the Bellevue program, and the City alone has committed to doubling its capacity from 6,000 potential patients to 12,000 in the next five years.

That is why the Mayor's Panel recommended that New York City vigorously pursue federal funding to support the programs that form the cornerstone of our response to 9/11 health impacts. These programs include the three clinical centers of excellence; research efforts of the Registry and the NYPD that, along with the data from the centers of excellence, will enable us to continue to stay on top of emerging health care problems; mental health treatment, through the extension of an expiring privately-funded program that supports community-based mental health services; and aggressive outreach to let people who may be affected know about the services available to them, and the science that informs the available treatment options.

As Mayor Bloomberg said when he accepted our report, individuals who are now suffering from 9/11 health effects were responding to an act of war against this nation. The government is responsible for assisting them, but New York City cannot bear the responsibility on its own, especially for those who aided New York in its time of need, but now live in other states. We are asking the federal government to step up to the plate, and stand shoulder-to-shoulder with us to support these brave men and women.

Thank you again for this opportunity to testify. I look forward to working with you, Chairman Towns, and your colleagues to secure the long-term federal commitment to 9/11 health care that we need going forward. Let me now turn to Deputy Mayor Skyler, who will discuss other important Panel findings, and explore the 9/11 cost issues in greater depth.

Testimony of

Edward Skyler

Co-chair of Mayor Bloomberg's World Trade Center Health Panel and
New York City Deputy Mayor for Administration

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Good afternoon. My name is Edward Skyler and I am the New York City Deputy Mayor for Administration. I co-chaired Mayor Bloomberg's World Trade Center Health Panel with Deputy Mayor Linda Gibbs. I first want to echo Deputy Mayor Gibbs's thanks to you Chairman Towns, Ranking Member Brian Bilbray, and members of this Subcommittee for convening this important hearing. And I want to thank the members of the New York delegation and their staffs who have long made this issue a top priority.

Deputy Mayor Gibbs walked you through some of the key medical data, existing treatment and research programs, and the panel's core recommendations. I'm going to cover two related topics: (i) what we need from the federal government ***at a minimum*** to provide the direct treatment, research and information that people suffering from 9/11-related health effects need; and (ii) the urgent need for Congress to reopen the Victim Compensation Fund.

Minimum Resources Needed to Implement Panel's Recommendations

The federal government contributed substantially to New York City's economic and physical recovery from the 9/11 attacks. Mayor Bloomberg and the people of New York City are grateful for the federal government's strong support.

But federal support has been slow in coming to address the health care needs of those who responded on and after 9/11; and of the residents and other people of New York City who have remained since the attacks and have done so much to contribute to the City's resurgence. ***And the aid that has come is far less than is needed.***

Based on informed, but necessarily contingent assumptions, the estimated gross annual cost to provide health care to anyone who could seek treatment for a potentially 9/11-related illness--whether through the FDNY, Mt. Sinai or Bellevue programs, or from a personal physician or ***any other source***—is $393 million this year. That $393 million covers the cost to treat anyone, ***anywhere in the country***, for a potentially 9/11-related

illness, including the thousands of responders and others who answered New York City's call from all 50 states. If you assume that that number is a reliable estimate of gross costs in each of the five years since 9/11, the total cost of 9/11 health impacts has already surpassed $2 billion.

We estimated that the ***minimum*** amount of federal support needed ***just*** to sustain and expand existing treatment and research programs, and to implement the rest of the Panel's recommendations is $150 million next year, increasing to $160 million annually by FY 2011. Put another way, $150 million is the amount needed to fill gaps in available information and treatment for 9/11-related health needs. What will that $150 million pay for? Beginning in City FY 2008 (which begins this July) that funding would be sufficient to:

(i) Sustain the FDNY WTC monitoring and treatment program at current levels;

(ii) Sustain the Mt. Sinai program—which is monitoring and treating thousands of NYPD responders and other workers and volunteers who participated in WTC recovery operations;

(iii) Sustain and expand the Bellevue program to evaluate and treat up to 12,000 patients over the next 5 years;

(iv) Sustain and expand mental health services made available through the City's Health Department;

(v) Expand the treatment and research capacity of the NYPD; and

(vi) Implement the rest of the Panel's recommendations.

The health impacts of 9/11 are substantial and will be with us for years to come. Without the help of Congress and the Administration, there is a real risk that the healthcare needs of those who responded on 9/11, or who stayed in the City to help us and the nation rebuild, will go unmet. ***We should work together immediately to prevent this entirely preventable outcome.***

Reopening the Victim Compensation Fund

Second, I want to talk briefly about the Panel's recommendation to re-open the Victim Compensation Fund (VCF). When Congress created the VCF in 2001, it chose a no-fault compensation program—those injured were compensated without any need to establish negligence or fault.

Those who did not meet the VCF eligibility criteria, or who did not sign-up in time, had no choice but to go the traditional litigation route. Congress worked with the City to create the WTC Captive Insurance Company to insure the City and its approximately 150 contractors—whose construction and other workers played a critical role in the WTC recovery and clean-up efforts—for claims arising from those operations. The Captive Insurance Company was funded with $1 billion of the $20 billion that Congress and the President made available to the City after the 9/11 attacks. But this insurance mechanism is not suited for what we are faced with today.

More than 6,000 City employees and other workers have already sued the City and its contractors—alleging harm in connection with the operations at Ground Zero. Taken together, those lawsuits allege damages that the City conservatively estimates to be in the ***billions*** of dollars. And we don't know who or how many people may allege that they were harmed because of 9/11 in the future. I should note that Congress capped the City's potential liability at $350 million, but the potential liability of the contractors who participated in the WTC recovery and clean-up is not expressly capped by statute.

The Captive Insurance Company, however, cannot just hand out the $1 billion Congress provided for insurance coverage. As with all fault-based insurance mechanisms, plaintiffs must not only show that they were harmed, but must also prove fault—and the City and its contractors have strong defenses for what was clearly a ***necessary*** response to a national attack. New Yorkers have always been proud of the way the City came together after 9/11, but this drawn-out and divisive litigation is undermining that unity.

The fundamental point is that compensating people who were hurt on 9/11 shouldn't be based on a legal finding of who is to blame. We know who is to blame—19 savages with box cutters. We are here today because New York City would rather stand with all those who have filed suit, rather than against them in a courtroom. At its core, re-opening the VCF is about fairness. There is no reason why people injured as a result of 9/11 should now have to go to court and prove liability. Proof of harm should be enough to receive fair and fast compensation.

Simultaneous with the re-opening the fund, it is essential that Congress eliminate any liability of the City and its contractors arising out of the WTC recovery and clean-up operations. Congress could then move the $1 billion now available to the Captive Insurance Company to the re-opened VCF. ***Only by taking these steps can we ensure that those who were harmed by 9/11 get just compensation quickly.***

And only by taking these steps can we ensure that in the event of another terrorist attack—whether in New York, or Boston or Chicago, or ***anywhere on American soil***—the private sector will come to the country's aid as swiftly and with the same selflessness, energy and determination that was brought to bear on September 11, 2001. Re-opening the VCF and eliminating the liability of the City and its contractors is not just about providing healthcare and compensation for injury; it is necessary to guarantee our country's safety in the future.

Thank you for the opportunity to testify before you today, and we are glad to take any questions you may have.

Statement of

Joan Reibman, MD

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New York University School of Medicine

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Thank you Chairman Towns, Ranking Member Bilbray, Congresswoman Maloney, and members of the Subcommittee on Government Management, Organization and Procurement.

My name is Joan Reibman, and I am an Associate Professor of Medicine and Environmental Medicine at New York University School of Medicine, and an Attending Physician at Bellevue Hospital, a public hospital on 27th Street in NYC. I am a specialist in pulmonary medicine, and for the past 15 years, I have directed the Bellevue Hospital Asthma Program. Most of my patients come from Lower Manhattan, which, though replete with office towers, is also a major residential community; almost 60,000 residents of diverse race and ethnicity backgrounds live south of Canal St. alone (US census data). The residents are economically diverse, some living in large public housing complexes, others in newly minted coops.

The destruction of the WTC towers resulted in the dissemination of dusts throughout Lower Manhattan. These dusts settled on streets, playgrounds, cars, and buildings. Dusts entered apartments through windows, building cracks, and ventilation systems. The WTC buildings continued to burn through December. Some residents hired professional cleaners to remove the dusts; many cleaned their own apartments. Thus individuals living in the communities of Lower Manhattan had potential for prolonged exposure to the initial dusts, to re-suspended dusts and to the fumes from the fires. As pulmonologists in a public hospital, we naturally asked whether the collapse of the buildings posed a health hazard for these residents. Although levels of dust particles and particle components were being measured, it seemed to us that the only way to measure the true impact was to monitor the residents.

With funds from the CDC, we collaborated with the New York State Department of Health to examine whether there was an increase in the rate of new respiratory

symptoms. The study was designed, implemented and completed 16 months after 9/11/01 and the results have been reported in two publications (Reibman et al. The World Trade Center residents' respiratory health study; new-onset respiratory symptoms and pulmonary function, Environ. Health Perspect. 2005; 113:40-411. Lin et al. Upper respiratory symptoms and other health effects among residents living near the world trade center site after September 11, 2001, Am. J. Epidemiol. 2005; 162:499-507). We surveyed residents in buildings within one mile of Ground Zero, and, for purposes of control, other lower-risk buildings approximately five miles from Ground Zero. Lung function testing, consisting of screening spirometry, was performed in a subgroup of individuals in the field. Analysis of the 2,812 residents in the exposed area revealed that approximately 60% of individuals in the exposed area compared to 20% in the control area reported new onset respiratory symptoms such as cough, wheezing, or shortness of breath, at any time following 9/11. The more important question, however, was whether these symptoms resolved over time, or persisted. To address this question, we examined whether symptoms persisted in the month preceding completion of the survey (8-16 months after 9/11) with a frequency of at least twice/week. Such new-onset and persistent symptoms as eye irritation, nasal irritation, sinus congestion, nose bleed, or headaches were present in 43% of the exposed residents, more than three times the number of exposed compared to control residents. New-onset persistent lower respiratory symptoms of any kind were present in 26.4% versus 7.5% of exposed and control residents respectively; a more than three fold increase in symptoms. This included an increase in new onset, persistent cough, daytime shortness of breath, and a 6.5-fold increase in wheeze (10.5 % of exposed residents versus 1.6% of control residents respectively). These respiratory symptoms resulted in an almost two-fold increase in unplanned medical visits and use of medications prescribed for asthma

(controller and fast relief medications) in the exposed population compared to the control population.

There were some potential limitations to our studies. First, because of the unexpected nature of the disaster, we had to rely on self-reported health information. We minimized the possibility of reporting bias or differential recall, with questions about non respiratory health issues; responses to these questions did not differ between the exposed and control groups. Second, we had a low response rate (approximately 23%). One must keep in mind that during the time of the study, the postal service was not functioning in Lower Manhattan and often mail did not reach residents – we resorted to hand delivery. Residents were moving in and out of the buildings, were emotionally distraught, and were being bombarded with a variety of forms for housing services, clean-up services etc. Our response rate, though low, is comparable to that of the US Census. To confirm our data, we also targeted a few buildings in the exposed and control areas and performed more intense outreach, resulting in a better response rate (44%). Data from this group was similar to that from the overall study.

This study was one of the few studies, and particularly one of the few with a control population, to describe the incidence of respiratory symptoms among residents of Lower Manhattan after 9/11/01. It suggested that many residents had new onset symptoms in the immediate aftermath, with persistence of symptoms in the year after the event. Our findings are similar to those now described through the NYCDOHMH WTC Registry.

Do these symptoms persist today, five years after the attack and some three and a half years after our study? When it comes to residents and local office workers, we have little information. The NYCDOHMH WTC Registry, which was implemented after our study was completed, and closed in 2004, found a similar pattern of symptoms in residents and office workers, but did not address the issue of persistence. This question

is now being addressed with a second study implemented by the NYCDOHMH WTC Registry and we look forward to the results, which will help shed light on this question.

While we await more survey information, we are cognizant of what we are seeing in our clinics. After 9/11, we began to treat residents who felt they had WTC-related illness in our Bellevue Hospital Asthma Clinic. We were then approached by the Beyond Ground Zero Network, a coalition of community organizations, and together began an unfunded program to treat residents. We were awarded an American Red Cross Liberty Disaster Relief Grant to set up a medical treatment program for WTC-related illness in residents and responders, which began functioning in September 2005. In September 2006, Mayor Bloomberg announced new initiatives to provide for evaluation and treatment of individuals with suspected World Trade Center-related illnesses and this city funding of $16 million over 5 years has allowed us to expand the program.

To date, we have evaluated and are treating over 1000 individuals. In the past month alone, with minimal outreach, we received over 400 calls to enter the program. We have a wait list of hundreds. These requests are from local residents of diverse socioeconomic status, some of whom were evacuated, but others who were left in their apartments, with no place to go. We also receive calls from office workers, many of whom were caught in the initial dust cloud as the towers disintegrated and then later returned to work. And we have a large contingency of clean-up workers, the individuals who removed the layers of dusts that had infiltrated the surrounding commercial and office spaces in order to allow the city to function.

An individual has to have a physical symptom to enter our program; we are not a screening program for asymptomatic individuals. Most of our patients have symptoms that began after 9/11 and consist of upper respiratory symptoms such as sinus congestion (45%), or lower respiratory symptoms, such as cough (52%), shortness of

breath (65%) or wheezing (36%), for which they are still seeking care, five years after 9/11. Whereas many of these individuals have symptoms that can be treated like asthma, others have a process in their lungs that we do not fully understand and may consist of a granulomatous disease of the lung like sarcoid, or fibrosis, which is a scarring in the lungs. And although we call ourselves a "treatment" program, many questions remain. We do not know how best to evaluate and monitor the symptoms. We do not know which medications work best. We do not know how long we will need to treat these individuals and if the symptoms will completely resolve. We do not understand the underlying mechanism or pathology of the symptoms. Only rare individuals, those with atypical presentations or a failure to respond to treatment, have had invasive tests, which may help reveal the underlying pathology. Finally, we do not know whether other diseases will emerge, the threat of cancers, particularly those of the blood or lymph nodes, remains a concern. We know that many residents and workers of downtown Manhattan were subjected to environmental insults on a large scale and many will require continued screening and treatment for years to come. Our unanswered questions suggest the continued need for epidemiologic, clinical and translational research studies to help answer these questions.

I thank Mayor Bloomberg and Members of Congress for their efforts to provide funding for monitoring and treatment and Members present for having this important hearing. We need continued support for treatment programs for residents, local workers, and individuals involved in rescue, recovery, and debris removal.

Joan Reibman, MD

Pertinent funding to Joan Reibman, MD.
2001-2002 CDC, World Trade Center Residents Respiratory Survey (Institutional P.I, Lin P.I.)

2001-2003	NIH, NIEHS, World Trade Center Residents Respiratory Impact Study: Physiologic/Pathologic characterization of residents with respiratory complaints (P.I.)
2004-2005	CDC, NIOSH WTC Worker and Volunteer Medical Monitoring Program (P.I.)
2005-2007	American Red Cross Liberty Disaster Relief Fund (P.I.)
2006-2011	New York City funding for Bellevue WTC Environmental Health Center

Statement of

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Introduction

Good morning Chairman Towns, Ranking Member Bilbray, Congresswoman Maloney and other members of this Committee. I am the Chief Medical Officer, Office of Medical Affairs, for the Fire Department of the City of New York (FDNY). Along with Dr. Kerry Kelly, who could not be here today, I am the co-director of the FDNY's World Trade Center Medical Monitoring and Treatment Program. Thank you for the opportunity to submit testimony today about the health of our FDNY first responders following their exposures at the World Trade Center (WTC).

On September 11, 2001, in a matter of moments, with the collapse of the towers, 343 of our members perished, hundreds suffered acute injuries and thousands have required long-term treatment for respiratory and mental health conditions. In the weeks and months following 9/11, virtually all of the FDNY first responders worked at the WTC site – amid the debris and dust resulting from the towers' collapse. More than 11,500 firefighters and fire officers and more than 3,000 EMTs and Paramedics took part in the rescue, recovery and fire suppression efforts.

During that time, FDNY workers experienced more exposure to the physical and emotional hazards at the WTC disaster site than any other group of workers.

FDNY Medical Monitoring and Treatment Program:

FDNY's WTC Medical Monitoring and Treatment Program is one of only three Centers of Excellence for WTC Health identified in the just published Mayor's report on the health impacts of 9/11 (http://www.nyc.gov/html/om/pdf/911_health_impacts_report.pdf). FDNY is the Center of Excellence that was the first to provide monitoring and treatment,

is the only Center with pre-9/11 health data on every FDNY member, is the only Center with more than a 90-percent participation rate in this program and is the Center that has been most effective in determining the WTC health effects and publishing scientific data about them.

Physical Health Issues

For those working at the site, respiratory issues surfaced quickly. In recognition of these symptoms, FDNY initiated the WTC Medical Screening and Treatment Program in October of 2001, just four weeks after 9/11. From October 2001 through February 2002, we evaluated more than 10,000 of our FDNY first responders. Since that time, we have continued to screen both our active and retired members for a total of 14,250 FDNY personnel to date. This WTC Medical Monitoring Program has been federally funded through CDC and NIOSH, and has been a joint labor-management initiative. This FDNY program is dedicated to monitoring the health of our members, while the Mount Sinai Consortium addresses the health issues of non-FDNY responders.

Our monitoring programs work collaboratively, partnering with NIOSH. At this time, nearly 9,000 of our FDNY members have participated in a second round of FDNY-administered medical and mental health monitoring.

More than 3,000 of our members have sought respiratory treatment since 9/11. Most have been able to return to work, but more than 700 have developed permanent, disabling respiratory illnesses that have led to earlier-than-anticipated retirements among members of an otherwise generally healthy workforce. In the first five years post 9/11, we experienced a three- to five-fold increase in the number of members retiring with lung problems annually.

Since our Bureau of Health Services performs both pre-employment and annual medical examinations of all of our members, the WTC Medical Monitoring program has used the results of these exams to compare pre- and post-9/11 medical data. This objective information enables us to observe patterns and changes among members. A significantly higher number of firefighters were found to be suffering from pulmonary disorders during the year after 9/11 than those suffering pulmonary disorders during the five-year period prior to 9/11. Furthermore, the drop in lung function is directly correlated to the initial arrival time at the World Trade Center site. On average, for symptomatic and asymptomatic FDNY responders, we found a 375 ml decline in pulmonary function for all of the 13,700 FDNY World Trade Center first responders and an additional 75 ml decline if the member was present when the towers collapsed. This pulmonary function decline was 12 times greater than the average annual decline noted five years pre-9/11. Over the past four years, pulmonary functions of many of our members have either leveled off, improved or, unfortunately for some, declined. More than 25 percent of those we tested with the highest exposure to World Trade Center irritants showed persistent airway hyperactivity consistent with asthma or Reactive Airway Dysfunction (RADS). In addition, more than 25 percent of our full-duty members participating in their follow-up medical monitoring evaluation continue to report respiratory symptoms.

The Fire Department's preliminary analysis has shown no clear increase in cancers since 9/11. Pre- and post-9/11, the Fire Department continues to see occasional unusual cancers that require continued careful monitoring. Monitoring for future

illnesses that may develop, and treatment for existing conditions, is imperative and as I will discuss later, should be funded through federal assistance.

Mental Health Issues

As our doctors and mental health professionals can attest, the need for mental health treatment was also apparent in the initial days after 9/11, as virtually our entire workforce faced the loss of colleagues, friends and family. Past disasters have taught us that first responders are often reluctant to seek out counseling services, frequently putting the needs of others first. Many times, recognition that they themselves need help may not happen for years after an event. Our goal was to reduce or eliminate any barrier to treatment so that members could easily be evaluated and treated in the communities where they live and firehouses and EMS stations were they work. We also developed enhanced educational programs for our members to address coping strategies and help identify early symptoms of stress, depression and substance abuse.

Nearly 14,000 FDNY members have sought mental health services through FDNY Counseling Services Unit (CSU) since 9/11 for WTC-related conditions such as PTSD, depression, grief, anxiety and substance abuse. Prior to 9/11, the CSU treated approximately 50 new cases a month. Since 9/11 and continuing to this date, CSU sees more than 260 new cases at its six sites each month -- more than 3,500 clients annually. The continued stream of clients into CSU indicates that the need for mental health services remains strong.

Funding

Through the efforts of the Mayor and New York City's Congressional delegation, and the continued support of our labor partners, we have secured funding to continue

monitoring and treatment of our members. This funding is crucial to our monitoring and treatment programs, and we appreciate this Committee's efforts to bring the needed attention to these issues and our funding needs. Additional funding is needed to provide for long-term monitoring because in environmental-occupational medicine, there is often a significant lag time between exposures and emerging diseases. For example, the medical effects of asbestos may not be detected for 20 to 30 years after exposure. The actual effect of the dust and debris that rained down on our workforce on 9/11 may not be evident for years to come.

Additional funding is also required to continue enhanced diagnostic testing and focused treatment of FDNY first responders, addressing both physical and mental health problems related to World Trade Center exposures. Both our active FDNY members and our retirees face gaps in their medical coverage. Early diagnosis and aggressive treatment improves outcomes. This is only possible if burdensome out-of-pocket costs (co-payments, deductibles, caps, etc.) for treatment and medications are eliminated. For example, long-term medication needs for aerodigestive (upper and lower respiratory disease with or without gastroesophageal reflux dysfunction) and mental health illnesses require significant co-payments, taxing the resources of our members. In addition, most insurance plans do not adequately cover mental health treatment.

Conclusion

The 343 who perished at the World Trade Center are tragic reminders of the risk they all took that day by just doing their job. Concerns for the long-term health and future of those who survived that tragedy remain. The commitment to long-term funding, for both monitoring and treatment, must be made now to allow the FDNY WTC Health

Center of Excellence to plan for the future in order to protect and improve the health of our workforce (both active and retired) and to inform lesser exposed groups (and their healthcare providers) of the illnesses seen and the treatments that are most effective. Continued funding for and operation of this Center of Excellence -- the FDNY WTC Medical Monitoring and Treatment Program -- is the most effective way to do this. Alternative fee-for-service plans will fail to provide effective treatment to large numbers of affected FDNY members, will not be cost-effective and cannot provide the comprehensive data analysis we need to inform the public, scientists and government officials, all of whom need this information.

FDNY rescue workers (firefighters and EMS personnel) answered the call for help on 9/11 and continue to do so every day. Now we need your continued help to maintain this Center of Excellence so that our members can best be served. Thank you for your past efforts, and your continued support of the Department and our members.

Statement of

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Subcommittee on Government Management, Organization, and Procurement
U.S. House of Representatives

Following the September 11, 2001 attacks, over 34,000 NYPD officers and employees -the largest single group of responders in NYC - participated in rescue, recovery and cleanup operations at Ground Zero, or one of the other designated exposure sites. Since that time the NYPD's Medical Division has documented, evaluated, monitored, tracked and referred for treatment, all of its members who have come forward with WTC-related symptoms. In addition, the Medical Division initiated a follow-up study of exposed individuals in 2002 and, has another scheduled for later this year.

The NYPD Medical Division is now completing two five-year studies of WTC-related conditions - one involving its Emergency Services Units, and a second, following other members of the department with new-onset, or persistent symptoms. In addition, in an effort to expand the network of options available to its employees early on, the NYPD established liaison programs with Columbia University (Project Cope), for psychological evaluations and treatment, and the Mt. Sinai Medical Center, for the evaluation and treatment of respiratory conditions, as well as encouraging enrollment in the World Trade Center Health Registry and Project Liberty and the NYPD's peer support groups.

The initiatives undertaken by the NYPD to date have been entirely self-sustained, without benefit of any Federal funding, while projected costs for continued monitoring and treatment have been estimated to be approximately $15M annually. Even at this early stage over 2500 medical claims have been submitted for WTC-related illness or injury by NYPD personnel, encompassing respiratory, orthopedic, psychological, gastro-intestinal, hearing and other symptoms, 104 NYPD members have retired with disabilities due to

these conditions, and over 300 disability applications potentially stemming from WTC-related causes, currently await finalization.

The importance of obtaining funding for continuation of these efforts cannot be over-emphasized. The 34,000 exposed members of the NYPD represent a most important, and unequalled source of medical information, waiting to be examined. The ability of the NYPD Medical Division to monitor and track the health status of its members, observe emerging symptoms and disease trends, and relate them to time and place of exposure, are unique. Data and disease trends and syndromic surveillance emerging from this large group, which represents a true cross-section of the City's adult population- will be of great importance to the scientific and medical community, and will be vital for epidemiologically assessing medical and psychological issues, for years to come. It will also help those in government responsible for preparedness, to better plan and execute large-scale programs, in the event of another urban catastrophe.

The NYPD, along with its sister agencies, was present in force from the first moments of this great national tragedy, lost some of its finest on that dark day, and continues to deal with the medical and psychological consequences since. In order to do so adequately, and for the sake of the wider public good, the NYPD cannot hope to do it alone. It will require--and deserves-- national assistance.